| Facility Name | AMY AND KIDS CO FAMILY CHILD CARE | Contact | NOGAR, AMY S | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|---------------------|------------------------------------|
| Address | 1013 W Oklahoma | Phone # | 920-277-0977 | LICENSED Capacity | 8 |
| | Appleton, Wi 54914 | LICENSED Date | 01/02/2000 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002076 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 3000569363 | Location Number | 001 | | |
| Facility Name | ANDERSON FAMILY LEARNING CENTER LL | Contact | ANDERSON, HEATHER | Full Time | Υ |
| Address | 2524 N Meade St | Phone # | 920-284-6123 | LICENSED Capacity | 8 |
| | Appleton, Wi 54911-2209 | LICENSED Date | 12/06/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001767 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 5000588015 | Location Number | 001 | | |
| Facility Name | ANDREA'S FAMILY DAYCARE | Contact | KEENAN, ANDREA | Full Time | Υ |
| Address | 300 E Stratford Ln | Phone # | 920-730-6382 | LICENSED Capacity 8 | |
| | Appleton, Wi 54913 | LICENSED Date | 08/04/2008 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013274 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 7000583937 | Location Number | 001 | | |
| Facility Name | ANGEL KEEPERS ACADEMY LLC | Contact | MCGRAW, RENADA | Full Time | Υ |
| Address | 613 N Richmond St | Phone # | 920-460-2202 | LICENSED Capacity | 8 |
| | Appleton, Wi 54911-4508 | LICENSED Date | 02/10/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001633 | Hours | 07:00 AM-11:00 PM | Star Level | 2 Stars |
| Provider Number | 8000579938 | Location Number | 003 | | |
| Facility Name | ANNA BELL'S DAY CARE | Contact | RAUEN, ANN M | Full Time | Υ |
| Address | 709 N Durkee St | Phone # | 920-707-2762 | LICENSED Capacity | 6 |
| | Appleton, Wi 54911-5054 | LICENSED Date | 06/28/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002324 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000587340 | Location Number | 001 | | |
| • | | | | | |

| Facility Name | BIG HEARTS LITTLE HANDS | Contact | HAMPP, MELISSA F | Full Time | Υ |
|-------------------------|-----------------------------------|-----------------|------------------------------|------------------|--|
| Address | 2525 Lillian Ct | Phone # | 920-915-8790 | LICENSED Capacit | k y 8 |
| | Appleton, Wi 54911-2238 | LICENSED Date | 06/07/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001054 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000587304 | Location Number | 001 | | |
| Facility Name | BUILDING DREAMS CHILD CARE | Contact | COYLE, MELISSA | Full Time | Υ |
| Address | W6984 Angel Hill Dr | Phone # | 920-540-9060 | LICENSED Capacit | ey 8 |
| | Greenville, Wi 54942-9211 | LICENSED Date | 01/28/2011 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015789 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 3000586053 | Location Number | 001 | | |
| Facility Name | CARRIE'S KIDS CONNECTION | Contact | KITCHEN, CARRIE | Full Time | Υ |
| Address | 309 Matthew St | Phone # | 920-830-6856 | LICENSED Capacit | y 8 |
| | Kimberly, Wi 54136 | LICENSED Date | 01/07/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014986 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000585273 | Location Number | 001 | | |
| Facility Name | CREATIVE LITTLE HANDS FAM DAYCARE | Contact | SCHMITT, KELLIE | Full Time | Υ |
| Address | 2019 Meadowview St | Phone # | 920-759-1107 | LICENSED Capacit | t y 8 |
| | Kaukauna, Wi 54130 | LICENSED Date | 01/01/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006612 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 2000578972 | Location Number | 001 | Otal Lovel | CHAICWII |
| Facility Name | CREATIVE MINDS DAY CARE | Contact | FALK, CARRIE A | Full Time | Υ |
| Address | N2487 Sally Ct | Phone # | 920-470-4136 | LICENSED Capacit | |
| | Greenville, Wi 54942-9732 | | | • | • |
| Catagom | LICENSED FAMILY | LICENSED Date | 02/13/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category Facility ID | 1007263 | Months | Aug-Jun 06:00 AM-05:00 PM | To Age | 12 Year(s), 11 Month(s), 0 Week(s) Unknown |
| _ | 6000576546 | Hours | 00:00 AM-05:00 PM 001 | Star Level | OHNHOWH |
| Provider Number | 0000070040 | Location Number | 001 | | |

| Facility Name | CURIOSITY CABIN DAYCARE | Contact | PENGLASE, JILL | Full Time | Υ |
|-----------------|---------------------------------|------------------------|-------------------|-----------------|------------------------------------|
| Address | 1529 W Spring St | Phone # | 920-840-8280 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54914 | LICENSED Date | 05/12/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007636 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000576880 | Location Number | 00.00 AW-00.00 FW | Star Lever | Olikilowii |
| | DEB'S DAYCARE CENTER | | | Full Time | Υ |
| Facility Name | N4929 Clinton Dr | Contact | RADDANT, DEBRA | | · |
| Address | Shiocton, Wi 54170 | Phone # | 920-986-3496 | LICENSED Capaci | |
| | | LICENSED Date | 01/22/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010282 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 7000582027 | Location Number | 001 | | |
| Facility Name | GRANDMA D'S DAYCARE | Contact | EBERHARDY, DEBRA | Full Time | Υ |
| Address | W7029 Bluebluff Way | Phone # | 920-450-0675 | LICENSED Capaci | t y 8 |
| | Greenville, Wi 54942-9782 | LICENSED Date | 02/13/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001272 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 8000587668 | Location Number | 001 | | |
| Facility Name | GROWING HANDS FAMILY CHILD CARE | Contact | FLEMING, SARAH | Full Time | Υ |
| Address | 4480 Coriander Ct | Phone # | 920-851-3384 | LICENSED Capaci | ty 8 |
| | Kaukauna, Wi 54130-4556 | LICENSED Date | 08/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005527 | Hours | 06:00 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 1000574241 | Location Number | 001 | | |
| Facility Name | HANSON'S HAPPY HEARTS DAY CARE | Contact | HANSON, KAREN | Full Time | Υ |
| Address | 1893 Paul Dr | Phone # | 920-766-4660 | LICENSED Capaci | |
| | Kaukauna, Wi 54130 | | | · | • |
| 0-4 | LICENSED FAMILY | LICENSED Date | 10/23/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013789 | Hours | 06:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000584184 | Location Number | 001 | | |

| Facility Name | HOME CHILD CARE CENTER | Contact | DUNHAM, BRENDA | Full Time | Υ |
|-----------------|-------------------------------|------------------------|--------------------|-----------------|------------------------------------|
| Address | 803 E Third St | Phone # | 920-687-8736 | LICENSED Capaci | · |
| | Kimberly, Wi 54136 | LICENSED Date | 10/28/2008 | | |
| Cata | LICENSED FAMILY | | | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013793 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000584186 | Location Number | 001 | | |
| Facility Name | IMPRESSIONS FAMILY CHILD CARE | Contact | LEITERMANN, NICOLE | Full Time | Υ |
| Address | 304 S Roger St | Phone # | 920-739-8633 | LICENSED Capaci | ity 8 |
| | Kimberly, Wi 54136 | LICENSED Date | 04/01/2001 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 431184 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000570838 | Location Number | 001 | | |
| Facility Name | JUST LIKE HOME DAYCARE | Contact | SCHEELK, CINDY | Full Time | Υ |
| Address | N3981 Dublin Way | Phone # | 920-788-6500 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54913 | LICENSED Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 431048 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 5000577735 | Location Number | 001 | | |
| Facility Name | KELLIE'S CHILD CARE | Contact | JOHNSON, KELLIE D | Full Time | Υ |
| Address | 39 Hollyhock Ct | Phone # | 920-750-0112 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54914-1465 | LICENSED Date | 11/03/2009 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000363 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000585269 | Location Number | 001 | | |
| Facility Name | KIDS ON THE GO FAMILY DAYCARE | Contact | BOWERS, KELLY | Full Time | Υ |
| Address | 511 Roger Ct | Phone # | 920-766-9267 | LICENSED Capaci | ity 8 |
| | Kaukauna, Wi 54130 | LICENSED Date | 10/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003237 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 8000556368 | Location Number | 002 | | |
| | | | | | |

| Facility Name | KIDS R US | Contact | WEIGMAN, KAY | Full Time | Υ |
|-----------------|-------------------------------|---|-------------------|---------------|------------------------------------|
| Address | 106 Christopher Ct | Phone # | 920-716-1939 | LICENSED Capa | · |
| Addition | Combined Locks, Wi 54113-1266 | | | | |
| | | LICENSED Date | 08/31/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014636 | Hours | 06:00 AM-04:45 PM | Star Level | Unknown |
| Provider Number | 6000584386 | Location Number | 002 | | |
| Facility Name | K-K HOME DAY CARE | Contact | KELLY, KAREN | Full Time | Υ |
| Address | 3505 N Division St | Phone # | 920-851-6742 | LICENSED Capa | acity 8 |
| | Appleton, Wi 54911 | LICENSED Date | 11/27/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012687 | Hours | 06:45 AM-05:15 PM | Star Level | Unknown |
| Provider Number | 4000575834 | Location Number | 002 | | |
| Facility Name | LAMBS FAMILY DAY CARE | Contact | MATHENA, PEGGY | Full Time | Υ |
| Address | 829 W Commercial St | Phone # | 920-749-0141 | LICENSED Capa | acity 8 |
| | Appleton, Wi 54914 | LICENSED Date | 11/10/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 430835 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000559799 | Location Number | 001 | | |
| Facility Name | LIL BUBBIES DAY CARE | Contact | FRYMAN, AMY B | Full Time | Υ |
| Address | 213 Spring Ridge Dr | Phone # | 920-358-8507 | LICENSED Capa | icity 8 |
| | Kaukauna, Wi 54130-4309 | LICENSED Date | 08/07/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002361 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 2000588262 | Location Number | 001 | | |
| Facility Name | LITTLE ANGELS PLACE | Contact | DANQUE, ARLENE | Full Time | Υ |
| Address | 1111 S Walden Ave | Phone # | 920-757-8213 | LICENSED Capa | acity 8 |
| | Appleton, Wi 54915-3740 | LICENSED Date | 03/11/2016 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2003073 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000588805 | Location Number | 001 | | |
| | | ======================================= | | | |

| Facility Name | LITTLE MONKEYS FAMILY CHILD CARE | Contact | STIFTER, GAIL | Full Time | Υ |
|-----------------|----------------------------------|------------------------|--------------------|-----------------|------------------------------------|
| Address | N1480 Fairwinds Dr | Phone # | 920-757-6951 | LICENSED Capaci | ty 8 |
| | Greenville, Wi 54942-8678 | LICENSED Date | 09/07/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000561 | Hours | 07:30 AM- | Star Level | Unknown |
| Provider Number | 3000578273 | Location Number | 002 | | |
| Facility Name | MAGGIE'S FAMILY CHILD CARE | Contact | TORNIO, MARGARET M | Full Time | Υ |
| Address | 3040 E Meadowlark Ln | Phone # | 920-540-6103 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54915-3940 | LICENSED Date | 10/20/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012807 | Hours | 06:45 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000581863 | Location Number | 001 | | |
| Facility Name | MANDY'S MUNCHKINS | Contact | JANSEN, AMANDA L | Full Time | Υ |
| Address | 621 Kaukauna St | Phone # | 920-462-4309 | LICENSED Capaci | ty 8 |
| | Kaukauna, Wi 54130 | LICENSED Date | 04/04/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010777 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000580004 | Location Number | 002 | | |
| Facility Name | MARY'S KIDDIE KORNER | Contact | SWEETALLA, MARY J | Full Time | Υ |
| Address | 716 Kristy St | Phone # | 920-766-7148 | LICENSED Capaci | ty 8 |
| | Kaukauna, Wi 54130 | LICENSED Date | 06/01/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006134 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000559980 | Location Number | 001 | | |
| Facility Name | MINDS IN MOTION FAMILY DAY CARE | Contact | KRUEGER, VICKI | Full Time | Υ |
| Address | W4448 Country View Dr | Phone # | 920-830-0709 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54913-8366 | LICENSED Date | 07/25/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004278 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000577703 | Location Number | 001 | | |
| | | | | | |

| Facility Name | MOMMY AND ME CHILD CARE CENTER | Contact | MIELKE, LAURA L | Full Time | Υ |
|-----------------|--------------------------------|------------------------|-------------------------|-------------------|------------------------------------|
| Address | 1374 W Roselawn Dr | Phone # | 920-851-6511 | LICENSED Capacity | 8 |
| | Appleton, Wi 54914-6921 | LICENSED Date | 08/01/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001380 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 1000587851 | Location Number | 001 | | |
| Facility Name | MRS SMITH'S FAMILY DAY CARE | Contact | SMITH, LAURA | Full Time | Υ |
| Address | 3225 N Rankin St | Phone # | 920-734-3077 | LICENSED Capacity | 8 |
| | Appleton, Wi 54911 | LICENSED Date | 05/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 431052 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000578346 | Location Number | 001 | | |
| Facility Name | OLSON'S FAMILY DAYCARE | Contact | OLSON, KATIE | Full Time | Y |
| Address | 1720 W Reeve St | Phone # | 920-364-9457 | LICENSED Capacity | 8 |
| | Appleton, Wi 54914 | LICENSED Date | 11/14/2008 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013872 | Hours | 07:30 AM-07:30 PM | Star Level | 5 Stars |
| Provider Number | 4000584264 | Location Number | 001 | | |
| Facility Name | PATRICIA'S DAY CARE | Contact | VANDENHOY-BELLIN, PATRI | Full Time | Y |
| Address | W3490 State Rd 54 | Phone # | 920-737-4634 | LICENSED Capacity | 8 |
| | Seymour, Wi 54165 | LICENSED Date | 08/06/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 431116 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 7000569857 | Location Number | 001 | | |
| Facility Name | PEANUT'S PLAY HOUSE | Contact | KRANING, JENNIFER | Full Time | Y |
| Address | W3439 Cicero Rd | Phone # | 920-265-5447 | LICENSED Capacity | 8 |
| | Seymour, Wi 54165-8913 | LICENSED Date | 08/23/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001091 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000587434 | Location Number | 001 | | |

| Facility Name | PEGGY'S FAMILY DAYCARE | Contact | DAHLBY, PEGGY | Full Time | Υ |
|-----------------|------------------------------|------------------------|-------------------|---------------|------------------------------------|
| Address | W6884 Michael Ct | Phone # | 920-757-9731 | LICENSED Capa | city 8 |
| | Greenville, Wi 54942 | LICENSED Date | 09/28/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014698 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 7000585017 | Location Number | 001 | | |
| Facility Name | PERI'S LITTLE PUMPKINS LLC | Contact | GORGES, PERI | Full Time | Υ |
| Address | 1931 W Jonathon Dr | Phone # | 920-734-6697 | LICENSED Capa | city 8 |
| | Appleton, Wi 54914 | LICENSED Date | 03/01/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012879 | Hours | 06:00 AM-04:00 PM | Star Level | 3 Stars |
| Provider Number | 2000583452 | Location Number | 001 | | |
| Facility Name | RAE FAMILY DAY CARE | Contact | RAE, CARROL A | Full Time | Υ |
| Address | 1525 S Mason St | Phone # | 920-954-1576 | LICENSED Capa | city 8 |
| | Appleton, Wi 54914 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 430635 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 6000564476 | Location Number | 001 | | |
| Facility Name | SHI SHI FAMILY CHILD CARE | Contact | COLLINS, SHIRLEY | Full Time | Υ |
| Address | 1359 W Brewster St | Phone # | 920-731-7098 | LICENSED Capa | city 8 |
| | Appleton, Wi 54914 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jun-Aug | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 430046 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 4000559874 | Location Number | 001 | | |
| Facility Name | SHISHU FAMILY CHILD CARE LLC | Contact | EHANI, MARILEE | Full Time | Υ |
| Address | 1700 E Lindbergh St | Phone # | 920-585-4018 | LICENSED Capa | city 8 |
| | Appleton, Wi 54911-3233 | LICENSED Date | 07/07/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002399 | Hours | 06:45 AM-06:45 PM | Star Level | Unknown |
| Provider Number | 5000588565 | Location Number | 001 | | |
| L. | | | | | |

| Facility Name | SMALL STEPS FAMILY CHILD CARE | Contact | WEINZETL, THERESA A | Full Time | Υ |
|-----------------|--|------------------------|---------------------|---------------------|------------------------------------|
| Address | 434 S John St | Phone # | 920-423-3185 | LICENSED Capaci | · |
| | Kimberly, Wi 54136-1823 | LICENSED Date | 08/16/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Catagony | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Category | 2001383 | | 06:00 AM-05:00 PM | J | |
| Facility ID | 4000577504 | Hours | | Star Level | Unknown |
| Provider Number | | Location Number | 003 | | V |
| Facility Name | SUCH AS THESE FAMILY DAYCARE | Contact | THOMAS, MICHELLE M | Full Time | Y |
| Address | 305 Honeysuckle Dr Hortonville, Wi 54944-1018 | Phone # | 920-710-2253 | LICENSED Capaci | ty 8 |
| | Hertenvine, Wre to Tr To To | LICENSED Date | 03/12/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001396 | Hours | 06:45 AM-06:45 PM | Star Level | 2 Stars |
| Provider Number | 2000584582 | Location Number | 001 | | |
| Facility Name | TIESLING'S DAYCARE | Contact | TIESLING, MARLENE R | Full Time | Υ |
| Address | 1236 S Telulah Ave | Phone # | 920-882-6467 | LICENSED Capacity 8 | |
| | Appleton, Wi 54915 | LICENSED Date | 04/29/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007850 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 8000574988 | Location Number | 001 | | |
| Facility Name | TIKES AND TOTS FAMILY CHILD CARE | Contact | EBBEN, TARA | Full Time | Υ |
| Address | N4801 Rexford Rd | Phone # | 920-757-9349 | LICENSED Capaci | ty 8 |
| | Shiocton, Wi 54170 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001688 | Hours | 06:15 AM-05:15 PM | Star Level | 4 Stars |
| Provider Number | 0000568120 | Location Number | 001 | | |
| Facility Name | WALK WITH ME IN-HOME CHILD CARE | Contact | DUCHENY, ASHLEY R | Full Time | Υ |
| Address | 2003 N Mason St | Phone # | 920-574-4277 | LICENSED Capaci | ty 8 |
| | Appleton, Wi 54914-2374 | LICENSED Date | 02/27/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002447 | Hours | 07:30 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 6000585246 | Location Number | 002 | Ctar Ec voi | 2 0.0.10 |
| Ovider Hullingi | 555556E 10 | Location Number | | | |

| Facility Name | ZARUBA FAMILY CHILD CARE | Contact | ZARUBA, DAWN M | Full Time | Υ |
|-----------------|--------------------------|------------------------|-------------------|---------------------|------------------------------------|
| Address | 1033 W Spencer St | Phone # | 920-749-0041 | LICENSED Capacity 8 | |
| | Appleton, Wi 54914-5317 | LICENSED Date | 09/07/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002926 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 6000580256 | Location Number | 001 | | |

| Facility Name | ADVENTURES CHILD CARE AND PRESCHO | Contact | RANDERSON, VICKY | Full Time | Y |
|-----------------|------------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | N3969 Columbia Ave | Phone # | 920-788-6608 | LICENSED Capacity | 50 |
| | Freedom, Wi 54130-7554 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005208 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000559992 | Location Number | 001 | | |
| Facility Name | ADVENTURES CHILD CARE SA PROGRAM | Contact | RANDERSON, VICKY | Full Time | - |
| Address | N3569 County Road E | Phone # | 920-788-6608 | LICENSED Capacity | 55 |
| | Freedom, Wi 54130 | LICENSED Date | 08/30/2010 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015614 | Hours | 12:00 PM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000559992 | Location Number | 002 | | |
| Facility Name | APPLETON'S COMMUNITY CHILDCARE CTF | Contact | VANRYZIN, KARYN | Full Time | Y |
| Address | 208 S Pine St | Phone # | 920-788-8740 | LICENSED Capacity | 65 |
| | Kimberly, Wi 54136 | LICENSED Date | 06/13/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007814 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000559971 | Location Number | 002 | | |
| Facility Name | APPLETON YMCA PLAY AND LEARN | Contact | PUES, ERIN | Full Time | Y |
| Address | 218 E Lawrence St | Phone # | 920-954-7636 | LICENSED Capacity | 125 |
| | Appleton, Wi 54911 | LICENSED Date | 09/01/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420163 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 022 | | |
| Facility Name | APPLE TREE CONNECTIONS LLC | Contact | TILLMAN, TINA | Full Time | Y |
| Address | 5020 N Providence Ave | Phone # | 920-560-5437 | LICENSED Capacity | 140 |
| | Appleton, Wi 54913-8060 | LICENSED Date | 08/27/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012086 | Hours | | Star Level | 5 Stars |
| Provider Number | 8000582658 | Location Number | 001 | | |
| L | | | | | |

| Facility Name | BRIDGES CHILD ENRICHMENT CENTER | Contact | DESTEN, NICOLE | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address | 313 S State St | Phone # | 920-739-3840 | LICENSED Capacity | • |
| | Appleton, Wi 54911-5929 | | 11/10/2002 | | |
| 0-4 | LICENCED CDOLID | LICENSED Date | | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420071 | Hours | 06:45 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 9000559709 | Location Number | 001 | | |
| Facility Name | BUDDY BEAR GROUP CARE INC | Contact | GONNERING, MARCY | Full Time | Υ |
| Address | W2088 Industrial Dr | Phone # | 920-788-1319 | LICENSED Capacity | <i>y</i> 65 |
| | Freedom, Wi 54130-7516 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420622 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 1000564091 | Location Number | 001 | | |
| Facility Name | CAMP KIMBER-Y | Contact | VANDERHOOF, BRANDON | Full Time | - |
| Address | 225 W Kennedy Ave | Phone # | 920-830-5703 | LICENSED Capacity | <i>y</i> 260 |
| | Kimberly, Wi 54136 | LICENSED Date | 06/06/2008 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013178 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 043 | | |
| Facility Name | CARING 4 KIDS CHILD LEARN CTR LLC | Contact | ARNOLDUSSEN, ASHLEY | Full Time | Υ |
| Address | 114 N Main St | Phone # | 920-659-8076 | LICENSED Capacity | , 70 |
| | Kimberly, Wi 54136-1413 | LICENSED Date | 01/26/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000478 | Hours | 05:30 AM-11:30 PM | Star Level | 3 Stars |
| Provider Number | 1000587091 | Location Number | 001 | | |
| Facility Name | CELEBRATION CHILDREN'S CENTER | Contact | STREICHERT, JESSIE | Full Time | Υ |
| Address | 3100 E Evergreen Dr | Phone # | 920-734-1414 | LICENSED Capacity | , 65 |
| | Appleton, Wi 54913 | LICENSED Date | 11/09/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014791 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 2000585222 | Location Number | 001 | | |
| | | | | | |

| Facility Name | CHILDREN OF AMERICA APPLETON | Contact | HOAR, MEGAN | Full Time | Υ |
|-----------------|---------------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address | W3117 Springfield Dr | Phone # | 920-380-0554 | LICENSED Capacity | · |
| Addiess | Appleton, Wi 54915 | | | | |
| | | LICENSED Date | 11/30/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014708 | Hours | 06:00 AM-06:30 PM | Star Level | Unknown |
| Provider Number | 6000585236 | Location Number | 001 | | |
| Facility Name | CHILD'S CHOICE LEARNING CENTER | Contact | SCHNEIDER, SHERRI A | Full Time | Υ |
| Address | 1800 S Lawe St | Phone # | 920-738-7770 | LICENSED Capacity | , 100 |
| | Appleton, Wi 54915 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420624 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 4000559794 | Location Number | 001 | | |
| Facility Name | CHRISTIAN COOPERATIVE PRESCHOOL | Contact | HOWARD, MARILYN | Full Time | - |
| Address | 326 E North St | Phone # | 920-733-3760 | LICENSED Capacity | , 21 |
| | Appleton, Wi 54911 | LICENSED Date | 10/01/1996 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420332 | Hours | 08:30 AM- | Star Level | 3 Stars |
| Provider Number | 6000577926 | Location Number | 001 | | |
| Facility Name | CINDER-CARE INC OF LITTLE CHUTE | Contact | GONNERING, CINDY | Full Time | Υ |
| Address | 328 Grand Ave | Phone # | 920-378-2219 | LICENSED Capacity | , 36 |
| | Little Chute, Wi 54140 | LICENSED Date | 12/28/2000 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420581 | Hours | 06:00 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 5000559975 | Location Number | 002 | | |
| Facility Name | COMMUNITY NURSERY SCHOOL | Contact | MCGOVERN, CARRIE | Full Time | - |
| Address | 740 E College Ave | Phone # | 920-738-0090 | LICENSED Capacity | , 20 |
| | Appleton, Wi 54911 | LICENSED Date | 05/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420333 | Hours | 08:00 AM- | Star Level | 3 Stars |
| Provider Number | 8000577848 | Location Number | 001 | | |
| | | | | | |

| Facility Name | CRADLE TO CRAYONS LEARNING CTR LLC | Contact | STOFFEL, JULIE | Full Time | Y |
|-----------------|------------------------------------|------------------------|------------------------|-------------------|------------------------------------|
| Address | 701 E Lincoln Ave A | Phone # | 920-423-3631 | LICENSED Capacity | 44 |
| | Little Chute, Wi 54140-2214 | LICENSED Date | 09/01/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013658 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000584102 | Location Number | 001 | | |
| Facility Name | CREATIVE CHILD LEARNING CENTER | Contact | PALTZER, ANGELA | Full Time | Y |
| Address | 1901 N Richmond St | Phone # | 920-734-0888 | LICENSED Capacity | 60 |
| | Appleton, Wi 54911-2732 | LICENSED Date | 11/06/2012 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000961 | Hours | 06:45 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 1000587531 | Location Number | 001 | | |
| Facility Name | FAITH CHILD CARE INC | Contact | AMUNDSON, SANDRA | Full Time | Υ |
| Address | 601 E Glendale Ave | Phone # | 920-739-7772 | LICENSED Capacity | 99 |
| | Appleton, Wi 54911-2944 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420191 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 4000560144 | Location Number | 001 | | |
| Facility Name | FVTC PARENT-CHILD CENTER | Contact | MICHELLE ABRAMS, LAURA | Full Time | Y |
| Address | 1825 N Bluemound Dr | Phone # | 920-735-5751 | LICENSED Capacity | 96 |
| | Appleton, Wi 54912 | LICENSED Date | 11/10/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420070 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000559279 | Location Number | 001 | | |
| Facility Name | GOOD SHEPHERD CHILDREN'S CENTER | Contact | SCHMIDT, TINA | Full Time | Y |
| Address | 958 Foote St | Phone # | 920-833-2838 | LICENSED Capacity | 162 |
| | Seymour, Wi 54165 | LICENSED Date | 12/08/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | _ | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420066 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000562806 | Location Number | 001 | | |
| | | | | | |

| Facility Name | GOOD SHEPHERD LUTHERAN PRESCHOOL | _ Contact | BAUER, KARLA | Full Time | - |
|-----------------|----------------------------------|-----------------|-------------------|------------------|------------------------------------|
| Address | 2220 E College Ave | Phone # | 920-734-9643 | LICENSED Capacit | y 20 |
| | Appleton, Wi 54915 | LICENSED Date | 05/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420334 | Hours | 09:00 AM-11:15 AM | Star Level | Unknown |
| Provider Number | 4000577924 | Location Number | 001 | | |
| Facility Name | GOOD SHEPHERD SCH AGE PROGRAM | Contact | SCHMIDT, TINA | Full Time | - |
| Address | 330 W Hickory St | Phone # | 920-833-2838 | LICENSED Capacit | y 34 |
| | Seymour, Wi 54165 | LICENSED Date | 08/24/1995 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420645 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000562806 | Location Number | 002 | | |
| Facility Name | GROWING TOGETHER CHILD CR CNTR | Contact | GOFFARD, KATIE | Full Time | Υ |
| Address | 3425 Commerce Ct | Phone # | 920-733-7008 | LICENSED Capacit | y 77 |
| | Appleton, Wi 54911-8439 | LICENSED Date | 03/01/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000489 | Hours | 05:30 AM-11:59 PM | Star Level | 3 Stars |
| Provider Number | 2000587132 | Location Number | 001 | | |
| Facility Name | GROW WITH US CHILD CENTER | Contact | HENNING, MINDY | Full Time | Υ |
| Address | 201 E Birch St | Phone # | 920-984-3001 | LICENSED Capacit | y 50 |
| | Black Creek, Wi 54106-9756 | LICENSED Date | 08/30/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000868 | Hours | 05:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 7000587437 | Location Number | 001 | | |
| Facility Name | HEART OF THE VALLEY YMCA | Contact | MAZEMKE, COLLEEN | Full Time | - |
| Address | 225 W Kennedy Ave | Phone # | 920-830-5704 | LICENSED Capacit | y 22 |
| | Kimberly, Wi 54136 | LICENSED Date | 10/17/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005919 | Hours | 08:45 AM-03:00 PM | Star Level | Unknown |
| Provider Number | 5000560455 | Location Number | 031 | | |
| | | | | | |

| Facility Name | HILLSIDE COOPERATIVE PRESCHOOL | Contact | O'CONNOR, KRISTIN | Full Time | - |
|-----------------|------------------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address | N1615 Meadowview Dr | Phone # | 920-757-5722 | LICENSED Capacity | 34 |
| | Greenville, Wi 54942 | LICENSED Date | 04/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420335 | Hours | 08:00 AM- | Star Level | Unknown |
| Provider Number | 7000577817 | Location Number | 001 | | |
| Facility Name | KAUKAUNA KINDER HAUS INC | Contact | VAN DYNHOVEN, HEIDI | Full Time | Υ |
| Address | 1015 W Wisconsin Ave | Phone # | 920-766-4080 | LICENSED Capacity | 56 |
| | Kaukauna, Wi 54130 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420344 | Hours | 06:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 3000559873 | Location Number | 001 | | |
| Facility Name | KIDS KINGDOM DAY CARE INC | Contact | BUSS, MELISSA | Full Time | Υ |
| Address | N210 Stoney Brook Rd | Phone # | 920-733-1667 | LICENSED Capacity | 112 |
| | Appleton, Wi 54915 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420749 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 8000560868 | Location Number | 001 | | |
| Facility Name | KIDZLAND CHILD CARE CENTER LLC | Contact | BRAY, JOSH | Full Time | Υ |
| Address | 201 Patriot Dr | Phone # | 920-423-3813 | LICENSED Capacity | 80 |
| | Little Chute, Wi 54140-1184 | LICENSED Date | 12/02/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001624 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000588021 | Location Number | 001 | | |
| Facility Name | KINDERCARE LEARNING CTR - APPLETON | Contact | TOONEN, NICOLE | Full Time | Υ |
| Address | 332 Metro Dr | Phone # | 920-739-6963 | LICENSED Capacity | 103 |
| | Appleton, Wi 54913 | LICENSED Date | 12/01/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010032 | Hours | 05:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 0000580590 | Location Number | 018 | | |
| 1 | | | | | |

| F 1116 - N | KINDEDOADE LEADNING OTDO 4004 | 0 | KADI IINIOOT, DANIA | Fall Times | V |
|-----------------|---|------------------------|---------------------|-------------------|------------------------------------|
| Facility Name | KINDERCARE LEARNING CTRS 1304 | Contact | KAPHINGST, DANA | Full Time | Y |
| Address | 3036 N Ballard Rd Appleton, Wi 54911 | Phone # | 920-749-9878 | LICENSED Capacity | 7 111 |
| | Appleton, WI 04911 | LICENSED Date | 09/24/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420184 | Hours | 05:45 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 0000555710 | Location Number | 018 | | |
| Facility Name | KINDERCARE LEARNING CTR - TRUMAN | Contact | PETERS, ANNETTE | Full Time | Υ |
| Address | 749 Truman St | Phone # | 920-687-3111 | LICENSED Capacity | 160 |
| | Kimberly, Wi 54136 | LICENSED Date | 12/01/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010059 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000580590 | Location Number | 010 | | |
| Facility Name | KUDDLY KIDS CHILD CARE CENTER INC | Contact | ROBBERT, JENNY | Full Time | Υ |
| Address | W9570 Poker Flats Ct | Phone # | 920-779-9602 | LICENSED Capacity | , 84 |
| | Dale, Wi 54931 | LICENSED Date | 08/09/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008259 | Hours | 05:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 8000577328 | Location Number | 001 | | |
| Facility Name | LITTLE ANGEL CHILD CARE | Contact | PAGE, CHERYL | Full Time | Υ |
| Address | 1208 N Oneida St | Phone # | 920-738-0808 | LICENSED Capacity | , 16 |
| | Appleton, Wi 54911 | LICENSED Date | 03/13/2003 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006495 | Hours | 05:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000559520 | Location Number | 002 | | |
| Facility Name | LITTLE ANGEL CHILD CARE - ZION | Contact | PAGE, CHERYL | Full Time | Υ |
| Address | 912 N Oneida St | Phone # | 920-419-0808 | LICENSED Capacity | 75 |
| | Appleton, Wi 54911 | LICENSED Date | 03/13/2003 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420551 | Hours | 05:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000559520 | Location Number | 001 | | |
| | | | | | |

| Facility Name | LITTLE HEARTS DAY CARE INC | Contact | VANDEN BOOGARD, SUE | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address | W2633 Barney Ct | Phone # | 920-749-0211 | LICENSED Capacity | , 128 |
| | Appleton, Wi 54915 | LICENSED Date | 11/10/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420454 | Hours | 05:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 3000559783 | Location Number | 001 | | |
| Facility Name | LITTLE MITTENS LTD CHILD CARE CTR | Contact | LOCY, RACHEL | Full Time | Υ |
| Address | 406 N Mayflower Dr | Phone # | 920-731-6045 | LICENSED Capacity | , 110 |
| | Appleton, Wi 54913-8429 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420735 | Hours | 05:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 1000559881 | Location Number | 001 | | |
| Facility Name | NEIGHBORHOOD NURSERY SCHOOL | Contact | SMRECEK, MARY | Full Time | - |
| Address | 3009 N Meade St | Phone # | 920-734-6396 | LICENSED Capacity | <i>y</i> 20 |
| | Appleton, Wi 54911 | LICENSED Date | 04/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420339 | Hours | 11:50 AM-11:15 AM | Star Level | 3 Stars |
| Provider Number | 1000577731 | Location Number | 001 | | |
| Facility Name | ONEIDA HEAD START | Contact | CHRISTNOT, JOAN | Full Time | - |
| Address | N7210 Seminary Rd | Phone # | 920-869-4369 | LICENSED Capacity | <i>y</i> 76 |
| | Oneida, Wi 54155 | LICENSED Date | 11/03/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420164 | Hours | 07:30 AM-04:00 PM | Star Level | Unknown |
| Provider Number | 8000560408 | Location Number | 002 | | |
| Facility Name | OUR SHEPHERD CHILD CARE CENTER | Contact | POTTER, ANN | Full Time | Υ |
| Address | 3335 N Lynndale Dr | Phone # | 920-733-3344 | LICENSED Capacity | , 135 |
| | Appleton, Wi 54914 | LICENSED Date | 06/01/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006019 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 7000575147 | Location Number | 001 | | |
| | | | | | |

| Facility Name | PLAY AND GROW LEARN CTR MAYFLOWER | R Contact | HODKIEWICZ, JASON | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | 1220 N Mayflower Dr | Phone # | 920-730-1200 | LICENSED Capacity | 90 |
| | Appleton, Wi 54913-8473 | LICENSED Date | 11/07/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000334 | Hours | 05:45 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 4000584014 | Location Number | 002 | | |
| Facility Name | PLAY AND GROW LEARNING CENTER LLC | Contact | HODKIEWICZ, ANGIE | Full Time | Υ |
| Address | N1673 Municipal Dr | Phone # | 920-757-5662 | LICENSED Capacity | 180 |
| | Greenville, Wi 54942 | LICENSED Date | 09/10/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013577 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 4000584014 | Location Number | 001 | | |
| Facility Name | THEDACARE CHILD LEARNING CENTER | Contact | KOMP, DEBORAH | Full Time | Υ |
| Address | 1818 N Meade St | Phone # | 920-832-0800 | LICENSED Capacity | 76 |
| | Appleton, Wi 54911 | LICENSED Date | 10/01/2005 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009843 | Hours | 05:00 AM-06:30 PM | Star Level | 5 Stars |
| Provider Number | 8000580338 | Location Number | 001 | | |
| Facility Name | TWENTY-ONE FOR TOTS | Contact | BEINING, SALLY | Full Time | Υ |
| Address | 303 S Bluemound Dr | Phone # | 920-730-8687 | LICENSED Capacity | 40 |
| | Appleton, Wi 54914 | LICENSED Date | 11/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420772 | Hours | 07:00 AM-05:15 PM | Star Level | 3 Stars |
| Provider Number | 3000561943 | Location Number | 001 | | |
| Facility Name | UWO HEAD START - KAUKAUNA CENTER | Contact | GUTSCHOW, DANICA | Full Time | - |
| Address | 112 W 8th St | Phone # | 920-759-1214 | LICENSED Capacity | 40 |
| | Kaukauna, Wi 54130 | LICENSED Date | 08/29/2006 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011105 | Hours | 07:30 AM-04:00 PM | Star Level | Unknown |
| Provider Number | 4000559624 | Location Number | 041 | | |

| Facility Name | UWO HEAD START - SEYMOUR CENTER | Contact | KOZAK, DEB | Full Time | - |
|-----------------|------------------------------------|-----------------|-------------------|-------------------|------------------------------------|
| Address | 406 N Main St | Phone # | 920-833-6101 | LICENSED Capacity | 19 |
| | Seymour, Wi 54165 | LICENSED Date | 10/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000236 | Hours | 07:30 AM-04:00 PM | Star Level | 5 Stars |
| Provider Number | 4000559624 | Location Number | 018 | | |
| Facility Name | UW OSHKOSH HEAD START CELC | Contact | THORN, JANET | Full Time | - |
| Address | 313 S State St | Phone # | 920-731-3720 | LICENSED Capacity | 120 |
| | Appleton, Wi 54911-5929 | LICENSED Date | 09/09/2014 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002050 | Hours | 08:30 AM-03:30 PM | Star Level | 5 Stars |
| Provider Number | 4000559624 | Location Number | 047 | | |
| Facility Name | WILLOW HEART RESPITE AND CARE CENT | Contact | ROSALES, MICHELLE | Full Time | Υ |
| Address | 1000 W Main St | Phone # | 920-687-6454 | LICENSED Capacity | 34 |
| | Little Chute, Wi 54140-1549 | LICENSED Date | 06/01/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 17 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002319 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000588536 | Location Number | 001 | | |
| Facility Name | YMCA - APPLE CREEK | Contact | OLSON, AMIE | Full Time | Υ |
| Address | 2851 E Apple Creek Rd | Phone # | 920-733-9622 | LICENSED Capacity | 72 |
| | Appleton, Wi 54913-8563 | LICENSED Date | 06/08/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014386 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 5000560455 | Location Number | 052 | | |
| Facility Name | YMCA APPLETON - CHILD CARE CENTER | Contact | PUES, ERIN | Full Time | Υ |
| Address | 218 Lawrence | Phone # | 920-954-7613 | LICENSED Capacity | 60 |
| | Appleton, Wi 54911-5724 | LICENSED Date | 08/01/1995 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420063 | Hours | 07:00 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 5000560455 | Location Number | 024 | - > | |
| | | | - | | |

| Facility Name | YMCA CAMP SHIOC | Contact | NORTON, KIM | Full Time | - |
|-----------------|------------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | Rt 2 N5425 Pluger Rd | Phone # | 920-209-9967 | LICENSED Capacity | 140 |
| | Shiocton, Wi 54170 | LICENSED Date | 09/24/2000 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001428 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 019 | | |
| Facility Name | YMCA CHILD LEARNING CENTER | Contact | PONSCHOCK, JACKIE | Full Time | Y |
| Address | 4630 N Meade St | Phone # | 920-560-3710 | LICENSED Capacity | 250 |
| | Appleton, Wi 54913 | LICENSED Date | 10/02/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011158 | Hours | 06:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 039 | | |
| Facility Name | YMCA - FOX WEST | Contact | WIITANEN, KERRY | Full Time | Y |
| Address | W6931 School Rd | Phone # | 920-560-3417 | LICENSED Capacity | 47 |
| | Greenville, Wi 54942 | LICENSED Date | 08/27/2003 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006323 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 030 | | |
| Facility Name | YMCA - FOX WEST HORTONVILLE | Contact | WIITANEN, KERRY | Full Time | - |
| Address | 240 Warner St | Phone # | 920-560-3417 | LICENSED Capacity | 30 |
| | Hortonville, Wi 54944 | LICENSED Date | 06/11/2009 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014295 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 5000560455 | Location Number | 051 | | |
| Facility Name | YMCA SCH AGE - APPLETON MONTESSORI | Contact | OLSON, AMIE | Full Time | - |
| Address | 1545 E Broadway Dr | Phone # | 920-954-7642 | LICENSED Capacity | 17 |
| | Appleton, Wi 54913-8959 | LICENSED Date | 09/09/2013 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001454 | Hours | 06:30 AM-08:30 AM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 062 | | |

| Facility Name | YMCA SCH AGE CARE - EDISON | Contact | HERZOG, KATHY | Full Time | - |
|-----------------|--|------------------------|---------------------|-------------------|------------------------------------|
| Address | 412 N Meade St | Phone # | 920-954-7642 | LICENSED Capacity | 27 |
| | Appleton, Wi 54915 | LICENSED Date | 09/24/2000 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420719 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 013 | Star Lever | 2 3(a) 5 |
| | | | | FU Time | |
| Facility Name | YMCA SCH AGE CARE - ELECTA QUINNEY | Contact | MCKEITHAN, MEGHAN | Full Time | - |
| Address | 2601 Sullivan Ave Kaukauna, Wi 54130-3564 | Phone # | 920-830-5700 | LICENSED Capacity | 7 68 |
| | radicalia, morros soci | LICENSED Date | 09/01/1999 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001609 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 032 | | |
| Facility Name | YMCA SCH AGE CARE - FERBER SCH | Contact | HERZOG, KATHRYN | Full Time | - |
| Address | 515 E Capitol Dr | Phone # | 920-954-7642 | LICENSED Capacity | 68 |
| | Appleton, Wi 54911 | LICENSED Date | 09/24/2000 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420503 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 008 | | |
| Facility Name | YMCA SCH AGE CARE - FRANKLIN | Contact | HERZOG, KATHRYN | Full Time | - |
| Address | 2212 N Jarchow | Phone # | 920-954-7642 | LICENSED Capacity | [,] 51 |
| | Appleton, Wi 54911 | LICENSED Date | 08/03/2004 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008258 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 027 | | |
| Facility Name | YMCA SCH AGE CARE - HOUDINI | Contact | HERZOG, KATHRYN | Full Time | - |
| Address | 2305 W Capitol Dr | Phone # | 920-954-7642 | LICENSED Capacity | 60 |
| | Appleton, Wi 54911 | LICENSED Date | 09/24/2000 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jul | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420179 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| | 5000560455 | | 00.30 AWI-00.00 PWI | Stat Level | 2 0(a)3 |
| Provider Number | J000J00 1 33 | Location Number | 004 | | |

| Facility Name | YMCA SCH AGE CARE - HUNTLEY | Contact | HERZOG, KATHRYN | Full Time | |
|-----------------|------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| | 2224 N Ullman St | | , | | - |
| Address | Appleton, Wi 54911 | Phone # | 920-954-7642 | LICENSED Capacity | y 60 |
| | , pp | LICENSED Date | 09/24/2000 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420543 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 007 | | |
| Facility Name | YMCA SCH AGE CARE - JANSSEN | Contact | GRATKE, SUE | Full Time | - |
| Address | 420 Wallace St | Phone # | 920-830-5700 | LICENSED Capacit | y 51 |
| | Combined Locks, Wi 54113 | LICENSED Date | 09/24/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420765 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 015 | | |
| Facility Name | YMCA SCH AGE CARE - PARK | Contact | MCKEITHAN, MEGHAN | Full Time | - |
| Address | 509 Lawe St | Phone # | 920-830-5700 | LICENSED Capacity | y 34 |
| | Kaukauna, Wi 54130-2021 | LICENSED Date | 09/03/2013 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001315 | Hours | 11:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 061 | | |
| Facility Name | YMCA SCH AGE CARE - RICHMOND | Contact | HERZOG, KATHRYN | Full Time | - |
| Address | 1441 E John St | Phone # | 920-954-7642 | LICENSED Capacity | y 34 |
| | Appleton, Wi 54915 | LICENSED Date | 09/01/2008 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013573 | Hours | 06:30 AM-08:30 AM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 050 | | |
| Facility Name | YMCA SCH AGE CARE - TANNER | Contact | MCKEITHAN, MEGHAN | Full Time | - |
| Address | 2500 Fieldcrest | Phone # | 920-830-5700 | LICENSED Capacit | y 100 |
| | Kaukauna, Wi 54130-4505 | LICENSED Date | 08/27/2009 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014654 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 055 | | |
| | | | | | |

| Facility Name | YMCA SCH AGE CARE - VICTOR HAEN | Contact | MCKEITHAN, MEGHAN | Full Time | - |
|-----------------|------------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | 1130 Haen | Phone # | 920-830-5700 | LICENSED Capacity | 32 |
| | Kaukauna, Wi 54130-1012 | LICENSED Date | 08/30/2010 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015637 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 5000560455 | Location Number | 057 | | |
| Facility Name | YMCA SCH AGE CARE - WESTSIDE | Contact | GRATKE, SUE | Full Time | - |
| Address | 746 W Third St | Phone # | 920-830-5719 | LICENSED Capacity | 42 |
| | Kimberly, Wi 54136 | LICENSED Date | 09/24/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003142 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 018 | | |
| Facility Name | YMCA SCH AGE - CLASSICAL | Contact | HERZOG, KATHRYN | Full Time | - |
| Address | 3310 N Durkee St | Phone # | 920-954-7642 | LICENSED Capacity | 51 |
| | Appleton, Wi 54911 | LICENSED Date | 08/31/2003 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007035 | Hours | 02:45 PM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 026 | | |
| Facility Name | YMCA SCH AGE - GREENVILLE | Contact | WIITANEN, KERRY | Full Time | - |
| Address | W6822 Greenridge Dr | Phone # | 920-560-3417 | LICENSED Capacity | 70 |
| | Greenville, Wi 54942 | LICENSED Date | 09/06/2005 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009739 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 5000560455 | Location Number | 036 | | |
| Facility Name | YMCA SCH AGE- NORTH GREENVILLE ELE | Contact | WIITANEN, KERRY | Full Time | - |
| Address | N2468 Learning Way | Phone # | 920-209-5070 | LICENSED Capacity | 65 |
| | Greenville, Wi 54942-8815 | LICENSED Date | 08/28/2014 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002048 | Hours | 12:45 PM-06:00 PM | Star Level | Unknown |
| 1 | 5000560455 | | 063 | | |

| Facility Name | YMCA SCHOOL AGE ST. PETER | Contact | OLSON, AMIE | Full Time | - |
|-----------------|------------------------------------|------------------------|------------------------|-------------------|------------------------------------|
| Address | N2740 French Rd | Phone # | 920-733-9622 | LICENSED Capacity | 17 |
| | Freedom, Wi 54913-8919 | LICENSED Date | 08/24/2015 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-May | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002558 | Hours | 03:00 PM-06:00 PM | Star Level | Unknown |
| Provider Number | 5000560455 | Location Number | 066 | | |
| Facility Name | YMCA WRAP AROUND CARE - KIMBERLY | Contact | NODOLF, CLAIRE | Full Time | Υ |
| Address | 614 E Kimberly Ave | Phone # | 920-830-5700 | LICENSED Capacity | 64 |
| | Kimberly, Wi 54136-1513 | LICENSED Date | 09/01/2015 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002433 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000560455 | Location Number | 065 | | |
| Facility Name | YOUNG CHILD DEVELOPMENT CENTER INC | Contact | SARAH ROSS, DOROTHY YO |) Full Time | Υ |
| Address | 719 Ridgeview | Phone # | 920-882-1685 | LICENSED Capacity | 80 |
| | Appleton, Wi 54914-1410 | LICENSED Date | 06/21/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012093 | Hours | 05:45 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000575136 | Location Number | 002 | | |